Government of the District of Columbia
Office of Tax
and Revenue
Recorder of Deeds
515 D Street, NW
Washington, DC 20001
Phone (202)727-5374

The Lower Income Homeownership Exemption Program

Dear Customer:

Qualifications -
Your income must fall under the household income limits against all person(s) in the household. The purchase price of the property shall not exceed $250.000.00.

The Lower Income Homeownership Exemption program if you qualify will abate your Real Property Taxes for the first five (5) years you are in your home depending on when you apply.

An exemption if approved, shall be effective the October 1 following the date the application is received.

The filing deadline for the Lower Income Homeownership Exemption-Tax Abatement application received in any given tax year is September 30.

Once approved a notice from the Real Property Tax Administration office will be sent to you stating the effective dates the property will be placed in a non-taxable status. Once that notice is received the applicant should notify and send a copy of the notice to the agency or person(s) to whom they pay their Real Property Taxes.

Questions regarding the status of your application shall be directed to the customer service call center @ (202) 727-4829.

Other questions regarding the status of your application after recording and for general information, including current eligibility limits are to be directed to the Recorder of Deeds office at (202)727-0421.

In order to consider your Lower Income Homeownership Exemption-Tax Abatement application the following documentary evidence is required:

1. The Lower Income Homeownership Exemption Application (FP-420).

2. Copy of the Settlement Statement.

3. Copy of the Sales Contract.

4. Proof of Annual Household Income;
   Evidence of income includes, but is not limited to, current paystubs, employment letters, social security statements, public assistance statements, retirement allotment, unemployment compensation, previous yearís income tax returns and Income Statement (W-2).

5. If all eligible working person(s) in the household are not working; state in a notarized affidavit that the eligible person(s) is not working; the last employment that person(s) held and why that person(s) is not working now.

6. For self employed person(s) you must provide a notarized profit and loss statement (in addition to the requirements set forth in item #4) under penalty of perjury for current income and previous year's income tax returns.

Government of the District of Columbia
Office of Tax and Revenue
Recorder of Deeds
515 D Street, NW
Washington, DC 20001
Phone (202)727-5374

LOWER INCOME/SHARED EQUITY HOMEOWNERSHIP EXEMPTION [DC CODE SEC. 47-3502 (a) (1) 2001 ED.]

QUALIFYING INCOME TABLE: EFFECTIVE: February 20, 2003

PERSONS IN HOUSEHOLD	HOUSEHOLD INCOME LIMITS
1.	$ 47,460
2.	54,240
3.	61,020
4.	67,800
5.	73,200
6.	78,660
7.	84,060
8.	89,520

QUALIFYING INCOME TABLE FOR PROPERTIES LOCATED IN NW., SW., NE., & SE.

Government of the District of Columbia
Office of Tax
and Revenue
Recorder of Deeds
515 D Street, NW
Washington, DC 20001
Phone (202)727-5374

ECONOMIC DEVELOPMENT ZONES
LOWER INCOME HOMEOWNERSHIP
EXEMPTION [DC CODE SEC. 47-3502 (a) (1) 2001 ED.]

QUALIFYING INCOME TABLE: EFFECTIVE: May 9, 2003

PERSONS IN HOUSEHOLD	HOUSEHOLD INCOME LIMITS
1.	$ 52,250
2.	59,730
3.	67,210
4.	74,635
5.	79,310
6.	83,985
7.	88,660
8.	93,280

QUALIFYING INCOME TABLE FOR PROPERTIES LOCATED IN S.E. ANACOSTIA AREA.

Government of the District of Columbia
Office of Tax and Revenue
Recorder of Deeds
515 D Street, NW
Washington, DC 20001
Phone (202)727-5374

APPLICATION

Lower Income/Share Equity Homeownership Exemption

(D.C. Law 5-31)

First Name | MI | Last Name | Claimant's Social Security Number

Address | Spouse's Social Security Number

City | State | Zip Code | Apt. No.

If address of property for which exemtion is being claimed is different from above, list here:

Is the property for which the exemption is being claimed: *(check one)*

☐ Private Home ☐ Apartment ☐ Condominium

PART I

1. Total Household Gross Income (from Part III, Line t) $
2. Qualifying Income (from Qualifying Income Table) $

Net difference (if Line 2 exceeds Line 1, you qualify for this exemption) $ 0.00

PART II

Square ___ Suffix ___ Lot ___ Designation of purchased property.

2. Is the property being transferred

☐ in fee simple
☐ pursuant to a shared equity agreement
☐ cooperative housing association
☐ to a non-profit organization
☐ economic development zone

3. If transferred pursuant to shared equity agreement, is the lower-income household receiving a credit against rent? ☐ **YES** ☐ **NO**
4. If property is owned by cooperative housing association, are at least 50% of the dwelling units contained therein occupied by households which meet income limitation? ☐ **YES** ☐ **NO**
5. If transferred to a non-profit organization, has that organization been approved by the Internal Revenue Service? ☐ **YES** ☐ **NO**
6. If transferred to a non-profit organization, does that organization intend to transfer the property within 1 year to a household subject to the income limitations? ☐ **YES** ☐ **NO**
7. Have you ever owned real estate before? ☐ **YES** ☐ **NO**

   If YES, state where

8. Purchase price $ (attach copy of sales contract and settlement sheet)
9. Amount of mortgage $
10. Date mortgage finally due (matures)
11. Do you own the property 100%? ☐ **YES** ☐ **NO**

    If NO, what is your ownership interest? %

12. If you own less than 100% interest in the property, state name of owner of remainder.

13. Do you have an option to purchase any interest not now owned by you? ☐ YES ☐ NO

14. Did you receive a credit on the purchase price of the property? ☐ YES ☐ NO

If YES, state amount: $

15. Did you purchase the property from a member of your family? ☐ YES ☐ NO

If YES, state name of seller:

Did you reside in the property 12 months per year? ☐ YES ☐ NO

If NO, how many months during the year do you reside in the property?

16. Do you own (in part or whole) any other real property? ☐ YES ☐ NO

If YES, state where:

17. Have you ever applied for the Lower Income Homeownership Exemption program before? ☐ YES ☐ NO

If YES, indicate date and disposition of your application.

PART III

Household Gross Income Schedule

You must include the total income of all members living in the household you own or rent.

Source of Income	(1) Claimant	(2) Spreuse	(3) All Others	(4) TOTAL
(a) Wages, salary, tips, bonus, commissions, fees				$0.00
(b) Dividents & interest				0.00
(c) Business income				0.00
(d) Pensions & annuities				0.00
(e) Capital gain & profits				0.00
(f) Alimony received				0.00
(g) Social Security and/or Railroad Retirement				0.00
(h) Unemployment insurance and/or Workman's compensation				0.00
(i) Support money and/or public assistance grants				0.00
(j) Sick pay excluded from home				0.00
(k) Military compensation				0.00
(l) Fellowship awards and grants				0.00
(m) Life insurance proceeds				0.00
(n) Veteran's pensions and disability payments				0.00
(o) GI bill benefits				0.00
(p) Loss time insurance				0.00
(q) Income subject to Unincorporated Business Tax				0.00
(r) Cash distributions				0.00
(s) Other (specify)				0.00
(t) TOTAL HOUSEHOLD GROSS INCOME (enter here and on Line 1, Part 1, Page 2)	$0.00	$0.00	$0.00	$0.00

Household Residents Other than Claimant

List name, relationship, and social security number of all persons residing in the household.

Name	Relationship	Social Security No.	Age

I hereby swear or affirm under penalty of this law that this return, including any accompany Schedules and Statements, has been examined by me/us to the best of my/our information, knowledge and belief that statements and representations are correct and true. I/we hereby acknowledge that any false statement or misrepresentations I/we made on this return is punishable by criminal penalties under the laws of the District of Columbia.

Signature of Claimant   Date

Signature of Preparer if other than Claimant   Date

Claimant's Telephone No. (Home)   Claimant's Telephone No. (Work)

Print Name of Preparer if other than Claimant

Sworn and subscribed before me this ______ day of ______, 20___.

(Notarial Seal)   Notary Public

PART V

Cerification of Non-Profit Organizations, Shared Equity Investors and Cooperative Housing Associations

A. Single Family Residence

I, __________, a duly authorized officer of

__________ hereby certify under oath,
Non-profit Housing Organization

that the __________ intends to transfer the property
Non-profit Housing Organization

herein before described to a lower income households within one year from the date of

acquisition by __________
Non-profit Housing Organization

Authorized Signature

Title

Sworn and subscribed before me this ____ day of ________, 20__ .

(Notarial Seal)

Notary Public

B. Multi-Family Dwelling

I, __________, a duly authorized officer of

__________ hereby certify under oath,
Non-profit Housing Organization

that the __________ intends to transfer at least 35%
Non-profit Housing Organization

of the units in the Herein before described real property to a lower income households within

one year from the date of acquisition by __________
Non-profit Housing Organization

Authorized Signature

Title

Sworn and subscribed before me this ____ day of ________, 20__ .

(Notarial Seal)

Notary Public

C. Shared Equity Financing

I, (We) ______ , person(s) acquiring qualified ownership interest in the property herein/before described pursuant a SEF agreement, hereby certify that the CEF agreement is intended to meet the requirements set forth in D.C. Law 5-31.

Authorized Signature

Title

Sworn and subscribed before me this ______ day of ______ , ______

(Notarial Seal)

Notary Public

D. Cooperative Housing Association

I, ______ a duly authorized officer of

______ hereby certify under oath,

Cooperative Housing Organization

that the ______ intends to transfer at least 50%

Non-profit Housing Organization

of the units in the herein before described real property to a lower income households within

one year from the date of acquisition by ______

Cooperative Housing Organization

Authorized Signature

Title

Sworn and subscribed before me this ______ day of ______ , ______

(Notarial Seal)

Notary Public

Reset Print